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PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

## DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

Declaration Submitted with Initial Filing      OR       Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	I-2-0284.1US
First-Named Inventor	Kazakevich et al.
<b>COMPLETE IF KNOWN</b>	
Application Number	Not Yet Known
Filing Date	Not Yet Known
Group Art Unit	Not Yet Known
Examiner Name	Not Yet Known

As a below-named Inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

## METHOD AND SYSTEM FOR IMPLEMENTING SMART ANTENNAS AND DIVERSITY TECHNIQUES

the specification of which

(Title of the Invention)

is attached hereto.

OR

was filed on (MM/DD/YYYY) [REDACTED] as United States Application Number or PCT International

Application Number [REDACTED] and was amended on (MM/DD/YYYY) [REDACTED] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.58.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(g) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(e) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
80/363,061	03/08/2002	<input type="checkbox"/>

[Page 1 of 3]

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## DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 363(c) of any PCT International application designating the United States of America, filed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)			
<input type="checkbox"/> Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.					
As a named Inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: <input checked="" type="checkbox"/> Customer Number: 24374 → <input type="checkbox"/> Place Customer Number/Bar Code Label here <input type="checkbox"/> Registered practitioner(s) name/registration number listed below					
Name	Registration Number	Name	Registration Number		
Namely, the Attorneys of Volpe and Koenig, P.C.					
<input type="checkbox"/> Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.					
Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number or Bar Code Label: 24374		<input type="checkbox"/> Correspondence address below			
Name:	VOLPE AND KOENIG, P.C. DEPT ICC				
Address:					
Address:					
City:	State:	ZIP:			
Country:	Telephone:	Fax:			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that wilful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such wilful false statements may jeopardize the validity of the application or any patent issued thereon.					
Name of Sole or First Inventor:	<input type="checkbox"/> A petition has been filed for this unsigned inventor.				
Given Name (first and middle if any): Leonid		Family Name or Surname: Kazakevich			
Inventor's Signature:	<i>Leonid Kazakevich</i>			Date:	11/10/01
Residential City:	Plainview	State: NY	Country: USA	Citizenship:	USA
Post Office Address:	95 Roundtree Drive				
Post Office Address:	Plainview	State: NY	ZIP: 11863	Country:	USA
<input type="checkbox"/> Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

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## DECLARATION

### ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 3

Name of Additional Joint Inventor, if any:

A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Gerard

Klahn

Inventor's Signature

*Gerard Klahn*

Date 12-18-2002

Residence: City	Sayville	State	NY	Country	USA	Citizenship	USA
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Mailing Address 128 Budenos Drive

Mailing Address

City	Sayville	State	NY	ZIP	11782	Country	USA
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Name of Additional Joint Inventor, if any:

A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Fatih

Ozluturk

Inventor's Signature

Residence: City	Port Washington	State	NY	Country	USA	Citizenship	USA
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Mailing Address 70 Willowdale Avenue

Mailing Address

City	Port Washington	State	NY	ZIP	11050	Country	USA
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Name of Additional Joint Inventor, if any:

A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Inventor's Signature

Date

Residence: City	State	Country	Citizenship
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Mailing Address

Mailing Address

City	State	ZIP	Country
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## DECLARATION

### ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 3

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname			
Gerard		Klahn			
Inventor's Signature		Date			
Residence: City	Sayville	State	NY	Country	USA
Mailing Address	128 Budenos Drive				
Mailing Address					
City	Sayville	State	NY	ZIP	11782
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname			
Fatih		Ozluturk			
Inventor's Signature					12/18/02
Residence: City	Port Washington	State	NY	Country	USA
Mailing Address	70 Willowdale Avenue				
Mailing Address					
City	Port Washington	State	NY	ZIP	11050
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname			
Inventor's Signature					Date
Residence: City		State		Country	Citizenship
Mailing Address					
Mailing Address					
City		State		ZIP	Country

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